

P-Card Program Lost Missing Receipt Form



Department of Executive Services
Finance and Business Operations Division
Procurement and Contract Services Section
206-263-9400 TTY Relay: 711
Fax 206-296-7675

Name of P card Holder _____
Name of Coordinator _____
Total of transaction _____

This affidavit is submitted in lieu of original receipt and attests:

- ☐ No original receipt for this expense is available.
- ☐ The expense was incurred on behalf of King County official business.
- ☐ The item and amount of the expense are accurate.
- ☐ No reimbursement of this expense has been or will be sought or accepted from any other source.

Vendor Name _____
Vendor Address _____
Date of Receipt _____

Detailed description of items purchased:

P-card Holder's Signature

Date